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PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes the

WORKING GROUP
PROCEDURES REVIEW

ADVISORY BOARD ON
RADIATION AND WORKER HEALTH

The verbatim transcript of the Working Group
Meeting of the Advisory Board on Radiation and
Worker Health held in Mason, Ohio on February 7,
2007.

C O N T E N T S

February 7, 2007

WELCOME AND OPENING COMMENTS DR. LEWIS WADE, DFO	6
PROCEDURES REVIEW MS. WANDA MUNN, CHAIR	7
COURT REPORTER'S CERTIFICATE	56

TRANSCRIPT LEGEND

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-- "*" denotes a spelling based on phonetics, without reference available.

-- (inaudible)/ (unintelligible) signifies speaker failure, usually failure to use a microphone.

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P R O C E E D I N G S

(11:32 a.m.)

WELCOME AND OPENING COMMENTSDR. LEWIS WADE, DFO

DR. WADE: On the line, Mike?

MR. GIBSON: Yes, Lew, I'm here.

DR. WADE: Thank you.

MS. MUNN: Oh, good. Okay. Mark's here, Paul's here, Bob's here. This is our workgroup on SC&A procedure reviews, and we have, as I see it, two jobs in front of us. You have the information that was provided from Stu Hinnefeld giving us the full list of all of the OTIB and Procedure numbers and topics that are out there. You have --

MR. GRIFFON: Do we have hard copies of these or do we have them electronically?

MS. MUNN: I think electronic copies. I didn't make hard copies for you because we --

MR. GRIFFON: I'm sure I have them, I'm just trying to pull them up as --

MS. MUNN: Yeah, we had all those. And that's why I -- I sent my e-mail asking if we were all okay, because otherwise I'd --

MR. GRIFFON: Yeah, I'm sorry.

1 **MS. MUNN:** -- have to make copies, just want to
2 make sure.

3 **MR. GRIFFON:** No, that's fine.

4 **MS. MUNN:** And then we have the January 9th
5 information from John Mauro to Lew that gave us
6 the tables indicating the status of the
7 documents that had been reviewed and had not
8 been reviewed. And we had Kathy Behling's
9 letter giving us the additional list of ORAU
10 TIBs and Procedures that had not been on the
11 original list.

12 **PROCEDURES REVIEW**

13 So we have the two questions. It has been
14 suggested in our last Board meeting that we
15 accept the asterisked Procedures in Table 2 as
16 a part of -- to be incorporated as those that
17 were being reviewed already by SC&A for other
18 purposes. We need to decide whether we're
19 going to recommend to the Board that we do
20 accept those in that context; and decide
21 whether the six that were listed at our last
22 meeting as being possibilities to add are in
23 fact the ones we want to add, or whether we
24 want to choose some of those and some of the
25 additional Procedures that were listed in

1 Kathy's memo as our suggestions to the Board
2 for the additional six.

3 So the first question first, do we want to
4 assume that the -- how many of them are there;
5 one, two, three, four, five, six, seven --

6 **UNIDENTIFIED:** (On telephone) (Unintelligible)
7 --

8 **MS. MUNN:** -- on Table 2 there are seven items
9 --

10 **UNIDENTIFIED:** I can hear people talk.

11 **MS. MUNN:** I'm sorry? Hello?

12 **UNIDENTIFIED:** No, I'm just -- I'm just
13 waiting.

14 **MS. MUNN:** Oh, okay. There are seven with
15 asterisks there, and my personal view is that
16 we should set that issue aside for a moment to
17 decide whether those that are shown in Table 3
18 and those that are shown in Kathy's memorandum
19 would take precedence over some of the
20 Procedures that we originally agreed in Table 2
21 as being appropriate for our list of additional
22 six. Any thoughts?

23 **DR. ZIEMER:** All right. Wanda, if you could
24 give us just a minute, I'm trying to locate
25 Table 2, and --

1 **MS. MUNN:** All right.

2 **DR. ZIEMER:** -- what's the date on that one?

3 **MS. MUNN:** January --

4 **DR. ZIEMER:** And Mark's trying to locate Table
5 2 also.

6 **MS. MUNN:** -- January 1, memo from John to Lew.
7 That is also -- that same information is
8 included in the -- in the report, the Task III
9 report, that SC&A made on -- I'm sorry, I'm
10 working from hard copies here. I should go
11 back and --

12 **MR. GRIFFON:** (Off microphone) (Unintelligible)

13 **MS. MUNN:** -- give you an opportunity to find
14 your electronic copies.

15 **MR. GRIFFON:** Wanda, I've got the spreadsheet
16 with all the procedures listed --

17 **MS. MUNN:** You have the spreadsheet from Stu,
18 right?

19 **MR. GRIFFON:** From Stu, I think, yeah.

20 **MS. MUNN:** Uh-huh, yeah, and from that you gave
21 us -- you had indicated that there were some
22 additional things that you were interested in,
23 a letter from -- e-mail from Kathy gave us that
24 list, including -- I can read to you what --

25 **MR. GRIFFON:** Is it real extensive -- yeah,

1 could you read out --

2 **MS. MUNN:** Yeah, I can read you --

3 **MR. GRIFFON:** -- the numbers maybe? That would
4 help.

5 **MS. MUNN:** -- you -- as a matter of fact, just
6 let me read this entire memo aloud for the
7 record, probably get us off on the right track.
8 (Reading) As a follow-up to yesterday's
9 discussion regarding selection of additional
10 procedures for SC&A's review, I've attached
11 John Mauro's memo to Dr. Wade which contains
12 the list of procedures already selected by the
13 Board for review in FY 2007, as well as a list
14 of ORAU and OCAS guidance documents not yet
15 reviewed by SC&A. In summary, this memo
16 identifies (1) the 24 Procedures previously
17 selected by the Board; (2) seven OTIBs that
18 have already been reviewed by SC&A under our
19 site profile Task I and our SEC Task V
20 projects; and (3) eight additional OTIBs
21 identified with asterisks in the attached memo
22 that SC&A is currently reviewing as part of
23 Tasks I or V. Based on our current budget,
24 SC&A believes that if the Board desires we are
25 in a position to formally review the eight

1 OTIBs identified with an asterisk, as well as
2 six additional Board-selected documents.

3 During yesterday's Board meeting I suggested
4 the following six Procedures for your
5 consideration.

6 She had suggested OTIB-36, OTIB-40, PROC-44,
7 PROC-86, and PEP-009, as well as TIB-12.

8 (Reading) Based on comments provided by Mark
9 Griffon, I have since reviewed Stu Hinnefeld's
10 complete list of ORAU Technical Information
11 Bulletins and Procedures and would also like to
12 bring to your attention the following list of
13 Procedures which should be published in early
14 2007.

15 These expecting to come out, and the question
16 is do we want to include any of those in our
17 review: OTIB-44, Historical Evaluation of the
18 Film Badge Dosimetry Program at Y-12, Part 1,
19 Gamma Radiation; OTIB-45, same Historical
20 Evaluation of Y-12 Neutron Radiation; OTIB-46,
21 Historical Evaluation of Y-12 Facility Beta
22 Radiation; OTIB-60, Internal Dose
23 Reconstruction; OTIB-61, Coworker Internal
24 Dosimetry Data for Mound; 62 -- OTIB-62,
25 Internal Dosimetry Coworker Data for Los

1 Alamos; OTIB-63, LANL Bioassay Data Project;
2 OTIB-64, External Coworker Dosimetry Data for
3 Y-12; OTIB-65, Internal Dosimetry Coworker Data
4 for Lawrence Livermore; PROC-96, Initial
5 Quality Control of Technical Editing and Final
6 Quality Control of Dose Reconstruction Reports.
7 So question one remains. Are we all right with
8 the asterisked Procedures that are being done
9 under other tasks, to incorporate them as being
10 complete in terms of SC&A's work with procedure
11 review?

12 **MR. PRESLEY:** Wanda?

13 **MS. MUNN:** Yes.

14 **MR. PRESLEY:** If we start adding tasks, it
15 sounds to me like that the tasks that -- that
16 have been selected to add will -- are of SEC
17 petitions and things like that out in the
18 future. The stuff that we're working on right
19 now that we've asked them to do, is that not
20 more current stuff that if we go ahead and get
21 this done it's going to be able to -- to get
22 some of our SEC petitions and our site profiles
23 complete?

24 **MS. MUNN:** It is current, and in some ways what
25 I just read to you on that last list is more

1 current, because some of these items -- for
2 example, I'm particularly interested in OTIB-
3 60. I don't know where that is right now, the
4 internal dose reconstruction.

5 **MR. PRESLEY:** Right.

6 **MS. MUNN:** That is a kind of global procedure
7 which, from this perspective, is of
8 considerable importance. I'd like to see that
9 that is in fact viewed this year.

10 **MR. PRESLEY:** That's going to help all of the -
11 - all of our --

12 **DR. WADE:** Could NIOSH add to the clarification
13 here? Of the list of things anticipated in
14 '07, could you tell us which ones will be
15 completed in '07 and therefore are candidates
16 for review?

17 **MR. GRIFFON:** Says they're all '07.

18 **MS. MUNN:** Do you have that list that I just
19 read, or do you need it?

20 **MR. HINNEFELD:** To the best of our knowledge,
21 the items that are expected to be completed in
22 2007 will be.

23 **DR. WADE:** Okay.

24 **MR. HINNEFELD:** I have not received information
25 to the contrary that would indicate that --

1 well, we're no longer proceeding, 'cause these
2 are mainly ORAU documents that are being
3 prepared.

4 **MS. MUNN:** Uh-huh.

5 **MR. HINNEFELD:** We've not received information
6 that would indicate that they have -- have
7 changed direction on any of those that were due
8 out in early '07.

9 **DR. WADE:** All right. Thank you.

10 **MS. MUNN:** Yeah, good.

11 **DR. WADE:** So basically SC&A's been assigned
12 work this year 24 of the 30 slots. You're
13 telling us that there's a number of things
14 you're doing that really are happening
15 independent of this task and are not limiting
16 your work on those six slots. And so the
17 question is, what do we task you for the six
18 other slots.

19 **DR. MAURO:** Exactly. I mean -- well, the
20 bottom line is we're waiting on six additional
21 Procedures, OTIBs, that you'd like us to
22 review; 24 already have been identified, locked
23 in, we're working on them. There are another
24 15 -- seven of the eight that we just talked
25 about -- we've done those. Not part of Task

1 III, but they're done. And quite frankly, what
2 we're saying is it's a freebie. In other
3 words, we've already done them. Might as well
4 wrap them up, put them into the right format,
5 have them in one place, you've got them. So
6 that -- don't worry -- so therefore, 24 we're
7 working on; 15 we basically have done, we're
8 just going to wrap them up. So we're left with
9 six that we have not been authorized, and the
10 six will come from -- as we understand --
11 either the list that are already in place up
12 there on the web right now that we can draw
13 from, which are quite a long list, there are --
14 then there's a list of six that are imminent
15 that you may -- not six, I think it might be
16 eight -- I don't know how many there are.

17 **MS. MUNN:** There are --

18 **DR. WADE:** Ten.

19 **MS. MUNN:** -- more like ten, yeah.

20 **DR. MAURO:** So really there's quite a large
21 number of procedures right now that you can
22 choose from to fill in those last six, and I
23 guess that's where we are right now.

24 **DR. WADE:** Right.

25 **DR. ZIEMER:** But John, you're suggesting that

1 the ones with the asterisks -- there's eight of
2 those --

3 **DR. MAURO:** What I'm recommending, suggesting,
4 is that since we've already --

5 **DR. ZIEMER:** -- that since you're sort of
6 reviewing those for other purposes --

7 **DR. MAURO:** We'll just put them in.

8 **DR. ZIEMER:** -- that -- that those should be
9 the six. Or that --

10 **DR. MAURO:** No -- no, I'm sorry, I'm --

11 **DR. ZIEMER:** -- that's the freebie.

12 **DR. MAURO:** -- I'm -- I'm not being clear.

13 **DR. ZIEMER:** Okay. Six plus those.

14 **DR. MAURO:** Yes, yes. In other words, those
15 asterisked ones -- what we're saying is we'll
16 take care of those, put them in the report,
17 they're not part of the six. We're just going
18 to put them in anyway because they've been
19 done, paid for as part of Task I and Task --
20 Task V. So just for a convenience, we might as
21 well just put them in this package so that --
22 so you have a complete set in one place. So
23 no, the -- what we're really looking for is a
24 new group of six out of -- not including the
25 asterisks 'cause we're going to do -- we're

1 going to do those anyway. I hope that --

2 **DR. WADE:** So of the six slots, there was a
3 proposal of six -- OTIB-37, OTIB-40, OTIB-44 --
4 that was out there. And now the question has
5 been complicated by saying what about those
6 anticipated in '07; should they be considered
7 as candidates for those six slots.

8 **DR. MAURO:** Yes.

9 **MS. MUNN:** That's right.

10 **DR. WADE:** That's what you got?

11 **MS. MUNN:** Right. Uh-huh. And Larry?

12 **MR. ELLIOTT:** If I could, I'd like to speak to
13 what we anticipate in '07 beyond what Stu
14 mentioned. In my program status report for
15 this afternoon you'll find that I mention in
16 there there are 12 Technical Basis Documents
17 that are currently in various stages of
18 development. And I'm not sure that all 12 of
19 these were captured in the list that you just
20 read there, Wanda. Actually there are 14
21 total, but 12 of them are being developed by
22 the ORAU team, two are being developed by the
23 Battelle team. The 12 that ORAU have in
24 development are Harshaw, Sandia National Lab,
25 NUMEC Apollo Site, NUMEC Parks Township, Metals

1 and Controls Corp., Sandia National Laboratory
2 Livermore, West Valley, Ames Laboratory,
3 Battelle King and Jefferson Site, Peek* Street
4 Site, Extrusion Plant RMI, and GE Vallecitos.
5 And then the Battelle folks are producing two
6 Technical Basis Documents that I believe are
7 almost finished now, or -- if they're not
8 already signed off on. We're using one, I
9 know; the other one I think is still
10 forthcoming. Uranium Metal Technical Basis
11 Document that speaks to a large number of
12 similar processes at AWE sites --

13 **MS. MUNN:** Oh, good.

14 **MR. ELLIOTT:** -- and Uranium Refining Technical
15 Basis Document, which does the same. So I'm
16 just not sure your work-- we have a -- we have
17 a comprehensive list of -- of future --

18 **MS. MUNN:** I'm not sure whether those were on
19 Stu's list at all. And --

20 **MR. HINNEFELD:** We excluded site profiles from
21 this list --

22 **MS. MUNN:** Yeah.

23 **MR. HINNEFELD:** -- because site profiles would
24 be Task I.

25 **DR. WADE:** Right.

1 **MR. HINNEFELD:** Right? Isn't that the task for
2 separate (unintelligible) --

3 **MS. MUNN:** Yeah. And -- and Larry, did I
4 understand you correctly, we're going to have
5 that list from your presentation this
6 afternoon?

7 **MR. ELLIOTT:** Right.

8 **MS. MUNN:** But those --

9 **DR. WADE:** But that would be captured under the
10 site profile review task.

11 **MS. MUNN:** Those are all TBDs. Right?

12 **MR. ELLIOTT:** They're all Technical Basis
13 Documents.

14 **MS. MUNN:** Right.

15 **MR. ELLIOTT:** Some will stand as a site
16 profile, some will stand as a chapter to a site
17 profile.

18 **DR. WADE:** Right.

19 **MS. MUNN:** Okay. Okay, good. But that's --
20 that's a different task than the one we're
21 approaching here right now.

22 **DR. WADE:** Correct.

23 **MS. MUNN:** Mark?

24 **MR. GRIFFON:** I have just a question on -- on
25 these other elements that are out there that

1 I'm very interested why they -- I -- I don't
2 know that we're officially reviewing these
3 things anywhere, things we've called tools
4 constantly -- workbook tools, whatever they
5 are. Sometimes they're associated with
6 particular TIBs. I'm not sure always that's
7 the case -- maybe I'm wrong. And the other --
8 the other documents that I've seen which I'm --
9 I really think that -- that -- that -- that are
10 critical in our review but they -- they sort of
11 fall into a funny territory, these are these D-
12 - DR methodologies that have been developed for
13 different sites. And I know at Rocky Flats,
14 which we've been around the block a few times
15 on, there's -- there's DR methods for internal
16 and external, which -- which is sort of a --
17 sort of a methodol-- it really steps the dose
18 reconstructor through how they go about doing
19 the dose reconstructions for a given site. I
20 think these were developed for the more com--
21 complex sites. It --

22 **MS. MUNN:** Uh-huh.

23 **MR. GRIFFON:** -- looks like they're mostly
24 available for the more complex sites. But
25 they're not necessarily Procedures or TIBs. I

1 think they're -- they're sort of guidance --
2 guidance documents that were developed for the
3 dose reconstruction teams, and I don't even
4 know if there's -- my understanding is that
5 they're not even revised. They're just kind of
6 modified as they need. They don't keep
7 revisions of them over -- over time. My -- my
8 concern here is that, you know, as we're
9 auditing cases, that a dose reconstructor is
10 using a certain DR method or template and --
11 and we're not -- we don't even see that
12 template when we're reviewing the case. So I
13 think that's a big vacuum in what we're -- in
14 what we've looked at so far. So the -- one
15 question is the tools, are we covering all the
16 tools that we'd like to look at. And the other
17 question are these DR methods that are out
18 there.

19 **MS. MUNN:** Two things, before anyone says
20 anything, is someone on the line trying to say
21 something?

22 **UNIDENTIFIED:** Yeah, I'm just waiting to talk
23 to somebody.

24 **MS. MUNN:** All righty, go right ahead.

25 **UNIDENTIFIED:** Well, I just called in about

1 this meeting you're having today at Mason.

2 **MS. MUNN:** Yes?

3 **UNIDENTIFIED:** And do we have to be there?

4 **MS. MUNN:** No, you do --

5 **UNIDENTIFIED:** I'm a -- I'm a former worker at
6 Fernald and I have been denied over my cancer.

7 **MS. MUNN:** Oh, no, you do not have to be here.
8 What you need to do is to be on the line when
9 we are having public comment session and at
10 that time the Chair will ask whether anyone is
11 on the line who wishes to speak. At that time
12 you may identify yourself and speak. Our next
13 -- you're -- you're welcome of course to listen
14 to any of the proceedings, but we have time
15 specifically set aside for people who wish to
16 address us.

17 **UNIDENTIFIED:** I -- I really don't know what to
18 say to them. I mean I -- I've been denied.

19 **MS. MUNN:** Dr. Ziemer, when do we have our
20 first public hearing?

21 **DR. ZIEMER:** There's a public comment period at
22 4:30, so if you wish to comment at that time
23 you can do so. Right now we have just a
24 working group that's meeting on a specific
25 issue here, so you're welcome to listen in.

1 **UNIDENTIFIED:** I really don't have to do that.
2 If -- if they're -- if these people are okay,
3 the rest of us would be okay, I suppose, the
4 ones that has been denied?

5 **MS. MUNN:** I guess I really didn't understand
6 your question. Would you repeat it?

7 **UNIDENTIFIED:** Well, see, I have cancer and --
8 bladder cancer and NIOSH said every-- I talked
9 to them and they sent everything in and Labor
10 Department denied me. And -- I mean if -- I
11 know these people won't be okay today going to
12 the meeting, but I really don't know what to
13 say to them.

14 **MS. MUNN:** Your best -- your -- your most
15 logical course of action is to talk with your -
16 - the representative that you've been working
17 with from the Department of Labor and --

18 **UNIDENTIFIED:** Yeah, I (unintelligible) call
19 (unintelligible) --

20 **MS. MUNN:** -- ask them -- ask that individual
21 what your next step should be.

22 **UNIDENTIFIED:** Okay.

23 **DR. ZIEMER:** Thank you very much.

24 **UNIDENTIFIED:** Okay, thank you.

25 **MS. MUNN:** Thank you.

1 **UNIDENTIFIED:** Yeah.

2 **MS. MUNN:** Our -- the question before us was
3 with respect to the workbooks and whether, as
4 my perception had been, that that particular
5 activity was covered by the dose reconstruction
6 efforts of -- of the specific cases that we
7 were choosing. It was my understanding that
8 SC&A was working with the same workbooks and
9 the same instructions when they reviewed those
10 cases. Am I incorrect?

11 **DR. MAURO:** Not exactly. Our scope of work for
12 the 30 procedures that we are reviewing right
13 now and the additional six and so forth
14 includes the workbooks. Any procedure, whether
15 it's an OTIB or a PROC, any procedure that we
16 are reviewing as part of our responsibilities
17 under Task III includes reviewing any
18 accompanying tool, workbook. So that is part
19 and parcel to Task III, so it's being taken
20 care of.

21 There are a number of workbooks that are --
22 have been identified from previous Task III
23 activities that are currently also undergoing
24 review. So right now in -- in the oven, so to
25 speak, is the review of ten generic workbooks

1 that we're finishing up and will be delivering
2 that was a part of what I call last year's
3 scope of work that carried over into this year,
4 and that's close to completion. On top of that
5 are all the workbooks and tools that are
6 associated with the, quote, 30 procedures that
7 we're currently reviewing. Of course currently
8 we're only doing -- everything but the last
9 six, so if there's any tool there -- now Kathy
10 Behling is in close communication with Stu and
11 other members to make sure that we're working
12 with the latest version of the tool. One of
13 the difficult problems with -- as -- as
14 correctly pointed out by Mark, is that the
15 tools are -- are sort of a living, evolving
16 resource. We're doing our best to stay current
17 with that so that when we do go through the
18 review of a particular tool, we're using the
19 most current version.

20 Now Mark, you had mentioned another device
21 that, quite frankly, I'm not familiar with
22 that's another type of tool, and you made
23 reference to it I think particularly with
24 regard to Rocky Flats?

25 **MR. GRIFFON:** Yes.

1 **DR. MAURO:** Is that -- is that correct? I
2 believe as part of the Rocky Flats process that
3 we're in the middle of right now, that's very
4 much part and parcel, the exchange and
5 interchange that's taking place during these
6 working group meetings and how particular
7 issues are being dealt with, so I -- but I
8 can't really answer that question.

9 **MR. GRIFFON:** I know, but it -- it -- it's --
10 it's not --

11 **DR. MAURO:** It's not.

12 **MR. GRIFFON:** -- I mean it's not only Rocky
13 Flats.

14 **DR. MAURO:** Okay.

15 **MR. GRIFFON:** It's -- Fernald has one, Mound
16 has one. You know, there's several of the
17 sites -- several of the bigger sites that have
18 these --

19 **DR. MAURO:** Okay. I have to admit --

20 **MR. GRIFFON:** -- these DR methods that --

21 **DR. MAURO:** -- I -- I'm not familiar with those
22 DR methods.

23 **MR. GRIFFON:** Okay.

24 **DR. MAURO:** Perhaps Kathy may --

25 **MR. GRIFFON:** Oh, I know -- I know --

1 **DR. MAURO:** -- have some information.

2 **MR. GRIFFON:** -- others on your team are, and
3 they're -- you know, they're -- they're -- I
4 just want to know -- I think they're important
5 documents and either -- either the case review
6 -- they're not really Procedures, I don't
7 think, but somewhere we have to sort of make
8 sure we're capturing -- capturing those and
9 maybe it's (unintelligible) --

10 **MS. MUNN:** They're certainly important --

11 **MR. GRIFFON:** Maybe it's in the case review, I
12 don't know.

13 **MS. MUNN:** What's the sense of the Board? My
14 sense has been, as I said earlier, that these
15 documents were captured by the reviews that
16 were being done in the DRs. Is -- is that the
17 sense of the Board or do you feel we are
18 missing something significant?

19 **DR. ZIEMER:** I assume the question is is there
20 kind of an inherent review of -- of that -- of
21 those procedures as you do a dose
22 reconstruction review.

23 **MS. MUNN:** That's my question, yeah. And
24 again, I was under the impression --

25 **DR. ZIEMER:** I don't know --

1 **MS. MUNN:** -- that it was.

2 **DR. ZIEMER:** -- are Hans or Kathy still on the
3 line?

4 **DR. BEHLING:** Yeah, I can talk and then maybe
5 Kathy can add to it. But when we do a dose
6 reconstruction review or audit, we actually do
7 look at a workbook that was used. And in fact,
8 we have found errors in the workbook. I'll
9 give you an example. In one of the workbooks
10 the dose reconstruction makes use of a
11 triangular distribution for DCFs, and they will
12 use a minimum, a mean and a maximum. And we
13 found that the minimum is an inappropriate
14 value because it was oftentimes a DCF that
15 corresponds to an isotropic source geometry
16 when in fact we've all concluded at this point
17 that a P geometry is the only means that we
18 should accept a DCF value, so the triangular
19 distribution should be based on a -- on the AP
20 DCF as opposed to all geometries. That was one
21 example where we looked at the workbook and
22 identified an error. So I wouldn't say
23 serendipitously, but we do make a conscious
24 effort when we look at a workbook in saying
25 what is the methodology that they would have

1 used had they used a hard copy document,
2 because workbooks frequently parallel a hard
3 copy document. So we do in fact look at that
4 very carefully.

5 Kathy, I don't know if you have any additional
6 comments.

7 **MS. BEHLING:** Yes, I do. First of all, let me
8 just go back to the workbooks that we are
9 reviewing, and I think one of Mark's questions
10 was do we look at only workbooks associated
11 with certain TIBs. Under our generic workbook
12 review, and under some of the current workbooks
13 that we're looking at now, we're trying to look
14 at all of the workbooks out there. One example
15 is the CADW workbook, which is not tied to OTIB
16 that I'm aware of, and so we are trying to look
17 at all workbooks used, even if they're not
18 associated with an OTIB.

19 Now -- and correct me if I'm wrong here, Mark,
20 I --

21 **MR. GRIFFON:** That's good, Kathy, 'cause that
22 was one of the examples I was just pulling up,
23 the Chronic Annual Dose Workbook, the CADW --

24 **MS. BEHLING:** We're in the process --

25 **MR. GRIFFON:** -- was one that I wasn't sure --

1 yeah, yeah.

2 **MS. BEHLING:** I'm sorry. We're in the process
3 of reviewing that as we speak. The other --
4 and correct me if I'm wrong here, Mark, but I
5 believe you might be referring to some
6 documents that I believe we talked about before
7 called user's guides. Now as far as I'm aware,
8 there has been only one user's guide that is
9 actually published and available on the O
10 drive. When -- and I agree with you, the dose
11 reconstructors do have -- I'll call them again
12 user's guides, but they're not published and
13 they're not typically included even in the dose
14 reconstruction report. There is a folder
15 called "Reference" in that dose reconstruction
16 report, or the dose reconstruction file that we
17 get. However, there's typically nothing in
18 that folder. And if the dose reconstructors
19 are using specific guidelines, and I -- I do
20 know they exist but they're not formally
21 published, we -- we do not have any way of
22 reviewing that because, number one, it's not in
23 the folder that we get for a particular dose
24 reconstruction report -- or audit, and they're
25 not officially published under what is now a

1 section called the user's guide. I believe
2 there's only one user's guide, at least the
3 last time I looked. It might have been for ANL
4 West.

5 **MR. GRIFFON:** Well, there are -- there are
6 definitely more on the O drive. I'm not sure -
7 -

8 **MS. BEHLING:** Okay.

9 **MR. GRIFFON:** -- what folder you're looking in,
10 but -- for that -- I mean I gue-- I just -- I
11 guess I just raised that question/concern
12 because I think one -- one way that I think it
13 becomes problematic for us in reviewing the
14 cases -- maybe it's not a Procedures review
15 question, but in looking at the cases, the DR
16 meth-- there are different drafts of these user
17 guides or DR methods. There's -- there's
18 slightly different names for them. But they --
19 they do evolve and we don't necessarily know
20 what evolution was used when a certain case was
21 done. So they're not available when we look in
22 the case files and it sort of puts -- it -- it
23 makes the audit function difficult, is what I'm
24 saying, 'cause we don't have --

25 **MS. BEHLING:** That's correct.

1 **MR. GRIFFON:** -- we don't know what script they
2 were following when they were doing -- and
3 these -- these really seem to -- they're --
4 they're very -- fairly prescriptive, you know,
5 set of instructions for the DR on what -- you
6 know, a step by step sort of process to go
7 through and what TIBs to pull on for certain
8 types of cases, depending on -- on the
9 individual case. So I -- I think, you know --
10 I'm not sure it's in the Procedures Review
11 section, but I think we have to know this --
12 we're interested in this universe of things
13 that are out there. And I don't know if Stu --
14 if you can speak to how many there are of these
15 or how they're used or...

16 **MR. HINNEFELD:** Well, I don't know how many
17 there are. I have a general sense that they
18 instruct the dose reconstructor which choices
19 to make if there is more than one approach that
20 may be relevant or usable, or more than one
21 tool that may be usable. It may be what
22 approach to take and which to choose. I have a
23 general sense that that's what they say.
24 I -- my -- if I'm -- what I believe to be true,
25 I'm not 100 percent sure this is true, is that

1 these instructions -- they're essentially dose
2 reconstructor instructions, and they're
3 disseminated in a variety of ways. It's not a
4 normal distribution like you would give in a --
5 it's not a normal controlled procedure type
6 publication, but they'll be distributed at dose
7 reconstructor meetings, for instance, or
8 training sessions. And so you -- there will be
9 -- if we get these, there will be a fair amount
10 of inconsistency among them because they're --
11 they're not trying to be prepared in a formal
12 document sense. They're to -- to be given out,
13 and they're given out different ways.
14 Having said that, I've discussed this with the
15 guys over there since I -- (unintelligible)
16 know anything about it, and I'm a little
17 unclear right now as to where we are in
18 compiling them. I've talked to them about I
19 think we're going to need to get these for
20 exactly this reason.

21 **MR. GRIFFON:** Yeah.

22 **MR. HINNEFELD:** And so I'll have to -- have to
23 find out. I don't know if I can find out
24 anything this week or not, but I'll see what I
25 can find out about -- and get back to the -- to

1 the workgroup members about that issue.

2 **MR. GRIFFON:** Yeah, and -- and this -- what
3 you're saying is consistent with what Mutty
4 Sharfi reported on Rocky Flats that -- that
5 these things are -- are really modified real
6 time on some of these -- is it Group B
7 conference calls or whatever the dose
8 reconstructor --

9 **MR. HINNEFELD:** Right, the Group B is one --

10 **MR. GRIFFON:** -- conference calls, yeah.

11 **MR. HINNEFELD:** -- group of dose reconstructors
12 -- yeah, Group B conference call --

13 **MR. GRIFFON:** Where they might actually --

14 **MR. HINNEFELD:** -- say here's what you should
15 do (unintelligible) --

16 **MR. GRIFFON:** Yeah, and they may -- they may
17 make changes --

18 **MR. HINNEFELD:** -- choose this now.

19 **MR. GRIFFON:** -- you know, to these -- during
20 these meetings, but they're never really
21 formally proceduralized or whatever.

22 **MR. HINNEFELD:** Right.

23 **MR. GRIFFON:** But they're very -- I mean I've -
24 - I've found, for Rocky Flats, they were --
25 they were very (unintelligible) into what --

1 why the DR would -- why the dose reconstructor
2 was doing certain things.

3 **MR. HINNEFELD:** They should explain why -- what
4 choices --

5 **MR. GRIFFON:** Right.

6 **MR. HINNEFELD:** -- why the dose reconstructor
7 made the choices they made when they did that
8 dose reconstruction.

9 **MR. GRIFFON:** Right.

10 **MR. HINNEFELD:** That's what they should --
11 that's what they should explain.

12 **MR. GRIFFON:** So I guess I just bring up -- as
13 the universe of things that are out there,
14 that's -- that's the way I (unintelligible) --

15 **MS. MUNN:** Yes, Paul.

16 **DR. ZIEMER:** Yeah, and insofar as those, in a
17 sense, do have some impact on how things are
18 done, the extent to which there's appropriate
19 consistency in instructions I think is an
20 important issue. At some point it seems to me
21 -- and maybe those should be formalized, I
22 don't know -- but at some point there ought to
23 be some kind of process to kind of review that
24 and -- and independently say yeah, that was the
25 -- that's the right decision to make in this

1 kind of a case. So it seems to me that it
2 should be candidates at some point for review.
3 Maybe it's premature at this time.

4 If I could follow up, I'm wondering, for -- we
5 have Table 2 and 3, which are the ORAU and the
6 OCAS documents, and --

7 **MS. MUNN:** Yes.

8 **DR. ZIEMER:** -- I'm having a little trouble
9 prioritizing, myself, from titles. And I don't
10 know if either NIOSH or SC&A are in a position
11 to tell us which of those are important in
12 terms of frequency of usage or particular
13 applications. I mean if there's a procedure
14 here that's used once every 12 months or
15 something, versus something that's -- you know,
16 a high frequency of use, that would be
17 important.

18 **MS. MUNN:** Well, of course Kathy gave us her
19 selection of six. You have those, Stu?

20 **MR. HINNEFELD:** Yes.

21 **DR. ZIEMER:** Yeah, that's basically the SC&A
22 priority, I assume --

23 **MS. MUNN:** Yes, that's -- that's --

24 **DR. ZIEMER:** -- and I'd like to see if we could
25 sort of get feedback from NIOSH on that and --

1 **MR. HINNEFELD:** My comment on the six is that
2 the -- the one OCAS PEP-009, Evaluation of the
3 Change in Target Organs for Dose
4 Reconstruction, I think will provide limited
5 information that I don't -- I don't think will
6 --

7 **MS. MUNN:** Agreed.

8 **MR. HINNEFELD:** -- help you out much because --

9 **MS. MUNN:** Yeah, I don't think so either.

10 **MR. HINNEFELD:** -- what it will describe is the
11 -- the policy change that was made on target
12 organs from lymphoma and how to find the cases
13 that have to be reconsidered, the completed
14 cases that have to be reconsidered to see if
15 they change in light of this new target organ.
16 And the outcome of that evaluation is not
17 included. This just starts the process, so
18 this is the change that was made and this is
19 how we'll find the cases. And in that
20 particular case, it's fairly apparent how you
21 would find the cases. You would find all
22 completed cases with the affected ICD-9 codes
23 that have a probability of causation less than
24 50 percent. So I mean it's readily apparent.
25 I mean I don't think you'd learn a lot than --

1 more than what I just told you if you have PEP
2 number 9.

3 **MS. MUNN:** Agreed.

4 **MR. HINNEFELD:** So that one struck, you know --
5 you know, struck me as one that I -- I kind of
6 know something about. Some of these I'm not
7 familiar with. Case Preparation, I don't know
8 that one. That could be very administrative,
9 or it could be very informative. I don't
10 really know about that. That's PROC-0044 --
11 or, I'm sorry, PROC-0086.

12 **MS. MUNN:** 86.

13 **MR. HINNEFELD:** That one I just don't know, it
14 could go either way.

15 **MS. MUNN:** It looked important.

16 **MR. HINNEFELD:** Internal and external coworker
17 data TIBs will -- you know, the internal will
18 have a particular look and an external will
19 have a particular look. But when you start
20 looking at several from different sites, I
21 think they're going to look pretty similar.

22 **MS. MUNN:** Uh-huh, agreed.

23 **MR. HINNEFELD:** You know, and there's not going
24 to be -- so you may keep that in mind in
25 choosing what to review. Like the external do-

1 - coworker dataset for Portsmouth, you know,
2 that TIB is probably going to look like
3 external coworker dataset for Y-12 National --

4 **MS. MUNN:** Y-12, uh-huh.

5 **MR. HINNEFELD:** -- Security Complex, which is
6 one down below, TIB-64. So external coworker
7 TIBs will probably look pretty similar. But I
8 guess there is the question of what data was
9 used to assemble it, which would have to be
10 site-specific. So if you want to know what
11 data was used to assemble it for Y-12 versus
12 Paducah, you would have to look at both of
13 those TIBs to see what the dataset was.
14 I'm afraid I'm not being very helpful here.

15 **MS. MUNN:** Yeah, you are actually, Stu, because
16 those are points that needed to be made and
17 points that I expected to be into our
18 discussion by now. But before we go there, I
19 want to make sure that Mark's questions with
20 respect to the guidance documents were answered
21 or where we are with those. I do -- had not
22 incorporated those in any of my thinking with
23 respect to this particular workgroup simply
24 because, as I said earlier, working on the
25 assumption that a significant number of them

1 were already being reviewed by SCA in the
2 normal course of events for them. I could not
3 see a point in trying to set aside yet a
4 separate set of guidance documents or --
5 they're not really procedures, they're guidance
6 documents and they're changing all the time, so
7 it did not seem to fall in this same category
8 of what I had interpreted our charge to be.
9 Are you --

10 **MR. GRIFFON:** No, I -- I --

11 **MS. MUNN:** -- satisfied with what we're doing
12 or do you feel we need --

13 **MR. GRIFFON:** Yeah, I -- I think my sense is
14 that those documents are important but probably
15 belong in the case review question, and maybe
16 we need to figure out how -- you know, how they
17 might be integrated in the case file so that we
18 have so-- you know, some sense of what the DR
19 was working from. But I don't think it's a
20 procedures review issue. On the workbook side,
21 I think I'm satisfied in looking through the
22 listing I have that -- that we're either
23 covering them in case reviews or site profile
24 reviews or in this review, so I think we're --
25 think we're --

1 **MS. MUNN:** So you're okay with that?

2 **MR. GRIFFON:** Yep.

3 **DR. WADE:** John, could you -- John, could you
4 give us some idea of the criticality of -- of
5 time in terms of naming this next six. Is this
6 something you need immediately or how does it
7 affect your -- your pace of work?

8 **DR. MAURO:** We're right now in the home stretch
9 of finishing up the review of the 24 and the
10 other seven and eight. Okay? Our plan right
11 now is to deliver to the working group and the
12 Board our work product that would address the
13 24, the seven and the eight in the spring. If
14 the six additional come in let's say in May
15 instead of today or perhaps at one -- at one of
16 the conference call Board meetings, I think
17 it's -- you know, we won't deliver in April or
18 May. We'll deliver a little later. But
19 certainly we will be able to deliver this
20 fiscal year, so it is not critical that we get
21 the list of six at this time. And in fact, in
22 theory, we can deliver our work product for the
23 scope that we currently have and then
24 supplement that at a future date with the
25 additional six --

1 **DR. WADE:** Thank you.

2 **DR. MAURO:** -- so I don't think it's essential.

3 **DR. WADE:** Thank you.

4 **MS. MUNN:** I'd like to propose -- at least put
5 forward a suggestion for the workgroup to
6 consider. The items that we had -- the eight
7 items that were asterisked, which are already
8 underway and, as John points out, are
9 essentially done already, I would propose that
10 we propose those to the full Board as
11 acceptable and incorporate them in our list of
12 procedure reviews. What's the sense of the
13 workgroup in that regard? Is that acceptable?
14 Then the next issue becomes the outstanding
15 six. Stu made several good points when he was
16 looking at this list of possibilities before
17 us. When we look at OTIB-36 and 40, these are
18 internal and external dosimetry coworker data
19 for Portsmouth, we have done similar kinds of
20 things with some of the asterisked data --
21 procedures for other plants which are very
22 similar to this. Although the plant itself
23 obviously is different than the others, the
24 approach undoubtedly would be parallel in many
25 respects and may not be as productive as some

1 of the other things we might want to do.
2 PROC-44 SEC is clearly something we'll want to
3 look at. PROC-86, the case preparation,
4 complex internal dosimetry claims, appears to
5 be a crucial one. Of those cases -- of -- of
6 the procedures that have been placed before us
7 as coming along in 2007, later on, there are
8 several that appear really compelling. Note
9 the first three, the OTIBs with respect to the
10 film badge dosimetry at Y-12, all three of
11 those are probably of interest, but they may be
12 very similar in their approach.

13 **MR. GRIFFON:** Which ones --

14 **MS. MUNN:** It might be wise to choose one of
15 those.

16 **DR. ZIEMER:** Which ones?

17 **MR. GRIFFON:** Which ones again?

18 **MS. MUNN:** OTIB-44, 45 and 46. They're
19 historical evaluations of film badge dosimetry
20 programs at Y-12. One's gamma radiation, one's
21 neutron and one's beta. It would seem wise to
22 have a look at how that -- those historical
23 evaluations were undertaken, not necessarily
24 for all three types of radiation, but certainly
25 the film badge dosimetry program is worthy of

1 some attention, one would think.

2 OTIB-60, internal dose reconstruction, would be
3 of global interest.

4 **MR. GRIFFON:** (Off microphone) (Unintelligible)

5 **MS. MUNN:** Perhaps 63, the LANL bioassay data
6 project, and possibly 96, quality control
7 technical editing and final quality control of
8 dose reconstruction projects (sic). That would
9 seem extremely interesting to us.

10 What I'm proposing is that we consider PROC-44,
11 PROC-86, as suggested by Kathy; that we
12 consider one of the OTIBs, the ORAU OTIBs for
13 the badge dosimetry program at Y-12; and the
14 last three that I just read, OTIB-60, OTIB-63
15 and PROC-96. Those are personal choices here.
16 What's the sense of the group?

17 **MR. PRESLEY:** Question.

18 **MS. MUNN:** Yes.

19 **MR. PRESLEY:** I have a personal reason in this
20 because I'm looking at the stuff from NTS, and
21 I know that we have some OTIBs coming up, Stu,
22 that once that we -- you all finish up your
23 review, there's going to be some OTIBs out
24 there that need to be reviewed by the Board and
25 by SEC (sic) for completeness. If we pick six

1 more, then are these OTIBs that are coming up
2 for NTS or Savannah River or some of these
3 other sites, will they be put on the back
4 burner and not be looked at?

5 **MR. HINNEFELD:** Well, I mean John Mauro may
6 want to help me out here, but my -- my
7 understanding would be that, for instance, in
8 the NTS case where we have an NTS site profile
9 review and the questions that are -- have
10 arisen there have given rise to these OTIBs
11 we're talking about, that that -- their review,
12 those OTIB reviews would fall right into that
13 site profile review activity. And so those
14 things -- things that are written for that --
15 for those reasons would be addressed through
16 the site profile review activity and would --
17 we don't need to worry about keeping space for
18 them in procedure review activity.

19 **MS. MUNN:** Different task.

20 **MR. PRESLEY:** (Off microphone) (Unintelligible)

21 **MS. MUNN:** As long as it gets done.

22 **MR. PRESLEY:** (Off microphone) (Unintelligible)

23 **MS. MUNN:** Right.

24 **MR. GRIFFON:** Which is this number 86? I've
25 got all the other ones and I'm missing -- is it

1 a PROC or --

2 **MS. MUNN:** 86 is case preparation, complex
3 internal dosimetry claims.

4 **MR. GRIFFON:** Okay. Okay.

5 **MS. MUNN:** The word "complex" is always
6 compelling.

7 **MR. GRIFFON:** Yeah, I -- I guess I agree with
8 that one. I -- I had -- I mean my --

9 **DR. ZIEMER:** Hang on. That's the -- that's the
10 one that is an administrative procedure.
11 Right?

12 **MR. GRIFFON:** We're not sure. We're not...

13 **DR. ZIEMER:** That's -- that's how it seems --

14 **MR. HINNEFELD:** That's -- that's the one that I
15 said I don't know, I'm not familiar with. It
16 might be administrative, or it may be very --
17 very fruitful. I'm not exactly sure what the -
18 -

19 **DR. ZIEMER:** On the SCA chart it says it is,
20 but where did --

21 **UNIDENTIFIED:** (Off microphone)
22 (Unintelligible)

23 **DR. ZIEMER:** It says NIOSH recommended not
24 reviewing since it is an administrative --

25 **MR. HINNEFELD:** Well, I may have been the one

1 that did that, and the fact of the matter is
2 I'm just not terribly familiar with it.

3 **DR. ZIEMER:** Oh, okay.

4 **DR. WADE:** Can you find out, Stu, quickly?

5 **MS. MUNN:** Kathy, are you familiar with that
6 one?

7 (No response)

8 Is Kathy still with us? She's gone?

9 **MS. BEHLING:** I'm sorry, I didn't hear the
10 question.

11 **MS. MUNN:** Oh, Kathy, can -- do you have any
12 knowledge of PROC-86, case preparation, complex
13 internal dosimetry claims?

14 **MS. BEHLING:** No, I don't, and I -- I will tell
15 you that of the six that I selected from the
16 original list that you are looking at right
17 now, that you're considering, I -- I have to
18 admit many of those we were getting down to
19 these administrative type procedures, and I was
20 struggling to pick six that I felt would be
21 really worthwhile. And that's why when the
22 suggestion was made to look at those that are
23 coming out in early 2007 -- and I will stress
24 that I tried to go through Stu's list and
25 select what I felt would be interesting and

1 pertinent procedures or OTIBs that, at least
2 according to Stu's list, indicated early 2007
3 so it would be easier to incorporate them into
4 this current selection. But I am -- to answer
5 your question, I'm not very familiar with that
6 -- with -- with that OTIB.

7 **MS. MUNN:** Thank you for pulling this
8 information together, Kathy. It is helpful.

9 **MS. BEHLING:** I'm glad.

10 **MS. MUNN:** So we're operating blind on that.
11 Paul?

12 **DR. ZIEMER:** I'm -- I'm looking at the SC&A
13 chart on PROC-44, which says the review has
14 been completed, so I'm a little confused as to
15 why that's being proposed. Am I missing
16 something?

17 **MS. BEHLING:** I -- excuse me, this is Kathy
18 again. I believe that PROC-44 is -- I
19 (unintelligible) -- is the SEC --

20 **DR. ZIEMER:** That's the SEC.

21 **MS. BEHLING:** Yes, and I believe that we
22 informally looked at that, and it may have
23 gotten onto the list as if it was completed,
24 but in fact -- and Arjun, I believe -- Arjun
25 may be able to help me out here, but I do not

1 believe that this was formally reviewed yet.

2 **MS. MUNN:** Well, it's shown on --

3 **DR. ZIEMER:** Okay, it's --

4 **MS. MUNN:** -- it's shown on --

5 **DR. ZIEMER:** -- reviewed under Task V, so
6 that's why -- so it's not a part of the formal
7 review process then, I guess is what you're --
8 this is one of those that appears to have been
9 reviewed as a part of another task.

10 **MS. MUNN:** On Table 2 it's listed as an ORAU
11 team document not reviewed by SC&A.

12 **DR. ZIEMER:** Yeah, but I'm looking at the SC&A
13 table that they gave us in September which says
14 that it was reviewed.

15 **DR. MAURO:** This might be in error. I have to
16 check. In other words, on -- I'm looking at a
17 Table 2 that says PROC-084 was not reviewed.

18 **MS. MUNN:** Was not reviewed.

19 **DR. MAURO:** I'd have to confirm, that might be
20 in error. We may very well have reviewed that.
21 So my apologies. We'll confirm that.

22 **MS. MUNN:** In any event, it appears to me it's
23 one that does need to be reviewed. If it
24 hasn't already --

25 **DR. ZIEMER:** Right, right.

1 **MS. MUNN:** -- been reviewed, it certainly
2 should be on the list. Yes?

3 **MR. GRIFFON:** Yeah, I'm -- I'm...

4 **MR. PRESLEY:** Can we go ahead and go with five
5 and -- and --

6 **MR. GRIFFON:** Well --

7 **MR. PRESLEY:** -- come back -- or has somebody
8 got one you want to put in there?

9 **MR. GRIFFON:** -- I got a few more questions.

10 **MS. MUNN:** Yes.

11 **MR. GRIFFON:** I mean I -- I -- I'm -- I'm
12 wondering how to parse this between site
13 profile reviews and -- and this review. For
14 instance, 36 and 40 are Portsmouth.

15 **MS. MUNN:** Yes.

16 **MR. GRIFFON:** And -- and I don't know that
17 we're doing a site profile review for
18 Portsmouth. That would be the only -- as
19 opposed to the three Y-12 -- we are -- I think
20 we actually still have a Y-12 review underway.
21 We finished the SEC period, but we -- the
22 broader site profile is still open, I think.

23 **DR. MAURO:** We have -- there's a confounding
24 problem here. Whenever we're authorized to
25 review -- let's say Portsmouth, which we were

1 recently authorized to review.

2 **MR. GRIFFON:** Oh, you were? Okay.

3 **DR. MAURO:** And so automatically that's --
4 every OTIB that accompanies Portsmouth becomes
5 within that envelope, so the problem we're
6 having is this -- we did the best -- we had to
7 make this list as --

8 **MR. GRIFFON:** Yeah.

9 **DR. MAURO:** -- current as we can, but in the
10 interim we've been authorized to do Portsmouth.
11 So automatically that's covered. So in
12 reality, we are going to get a Portsmouth
13 review done. Of course it's not going to be --
14 it's going to be reviewed as part of the
15 Portsmouth site profile review. Now it's going
16 to be like one of the other asterisked ones.

17 **MR. GRIFFON:** Yeah.

18 **DR. MAURO:** Someplace along the line we could
19 very readily take that Port-- that review that
20 we do of that OTIB as part of our site profile
21 and repackage it and get it into a deliverable.
22 So quite frankly, I -- we're in sort of a
23 dilemma. When you sta-- as new site profiles
24 are authorized, effectively they're going to
25 capture a lot of the procedures that right now

1 we have here -- not a lot, but some -- that
2 were identified as not having yet been
3 reviewed. So we're in a very dynamic
4 situation. I hope that helps.

5 **MR. GRIFFON:** And -- and then 44 through 46 are
6 all these Y-12 dosimetry papers, which are --
7 are to be released still so I don't even know -
8 - they -- they weren't in our original site
9 profile review, obviously.

10 **DR. MAURO:** That's correct, we did -- now we
11 are going to be engaging, even though the -- I
12 know the Y-12 SEC working group has completed
13 its mandate, but we still have the Y-12 site
14 profile --

15 **MR. GRIFFON:** Site profile.

16 **DR. MAURO:** -- closeout process. Now what may
17 very well happen is during that -- the working
18 group meetings on Y-12 for closeout, those
19 procedures will -- probably will emerge as
20 being responsive to perhaps some of the
21 concerns that we have raised on the site
22 profile side --

23 **MR. GRIFFON:** Right, right.

24 **DR. MAURO:** -- and will be reviewed, so you can
25 understand that we have a --

1 **MR. GRIFFON:** So that's my question, sort of
2 whether to assign them here or are we capturing
3 them in other -- you know.

4 **MS. MUNN:** A large number of them obviously are
5 going to be captured in other tasks.

6 **MR. GRIFFON:** Yeah, as long as we don't -- and
7 -- and --

8 **MS. MUNN:** But I th--

9 **MR. GRIFFON:** -- they won't be double doing the
10 work, so --

11 **MS. MUNN:** No, no, it won't duplicate any
12 effort, and it appears that the really focus
13 question is what specific titles are of
14 interest to us that we want to make sure get
15 done, whether under this task or some other
16 task.

17 **MR. GRIFFON:** Yeah.

18 **MS. MUNN:** Which is why the original suggestion
19 included at least one of those historical
20 evaluation of film badge dosimetries at Y-12.
21 The others will clearly get covered, but at
22 least the workgroup will have an opportunity to
23 assure that one of them gets a little special
24 effort if we accept the proposal.

25 **MR. GRIFFON:** I think I'm okay with your other

1 choices. I -- I would select 45 out of those
2 three. I'd focus on the neutron one maybe
3 first -- OTIB-45, if you're going to select one
4 of them to start with this work-- with this
5 workgroup.

6 **MS. MUNN:** So let me summarize, if I believe I
7 have the sense of the working group correctly.
8 We agree that we will recommend to the Board
9 that the asterisked Procedures that were
10 discussed at our last Board meeting be
11 incorporated in the formal list that SC&A will
12 cover under this task. In addition, we would
13 suggest the addition of PROC-44, PROC-86, OTIB-
14 45, OTIB-60, OTIB-63, PROC-96. Correct? Are
15 we all on the same page?

16 **DR. ZIEMER:** Yes.

17 **MS. MUNN:** I'll make that recommendation to the
18 Board, with your agreement.
19 Do we have any other issue that we need to take
20 up at this time?

21 **DR. WADE:** Well, before you go to lunch, just
22 with an eye towards the future, I think we
23 should add to the agenda of the next Board
24 meeting maybe NIOSH helping us with a
25 presentation of sort of defining the universe

1 of documents that are out there so the Board
2 can consider whether or not its varied review
3 functions really gives coverage to that
4 universe. I think that's an issue that it
5 would be well to have on the Board's agenda for
6 the next meeting.

7 **MR. GRIFFON:** Yeah, and I do want to take up
8 the user guide questions specifically in the
9 subcommittee, so yeah.

10 **MS. MUNN:** Good. No other issues? Let's have
11 lunch.

12 (Whereupon, the meeting was concluded at 12:30
13 p.m.)
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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of February 7, 2007; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 12th day of April, 2007.

STEVEN RAY GREEN, CCR**CERTIFIED MERIT COURT REPORTER****CERTIFICATE NUMBER: A-2102**